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CONFIRMATION NO. 7285

Bib Data Sheet

|   |   |                                       |  |   |                                    |
|---|---|---------------------------------------|--|---|------------------------------------|
| <b>SERIAL NUMBER</b><br>10789,080   | <b>FILING OR 371(c)<br/>DATE</b><br>02/26/2004<br><b>RULE</b>   | <b>CLASS</b><br>362                   | <b>GROUP ART UNIT</b><br>2875  | <b>ATTORNEY<br/>DOCKET NO.</b><br>71331 |                                    |
| <b>APPLICANTS</b><br>Jeng-shyong Wu, Hsinchu, TAIWAN; <i>BCT</i>  |   |                                       |  |   |                                    |
| <b>** CONTINUING DATA *****</b> <i>90A</i>  |   |                                       |  |   |                                    |
| <b>** FOREIGN APPLICATIONS *****</b> <i>BCT</i>   |   |                                       |  |   |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 05/19/2004</b>  |   |                                       |  |   |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance <i>BCT 12/22/05</i> |   | <b>STATE OR<br/>COUNTRY</b><br>TAIWAN | <b>SHEETS<br/>DRAWING</b><br>9   | <b>TOTAL<br/>CLAIMS</b><br>31           | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| Verified and<br>Acknowledged<br>Examiner's Signature Initials   |   |                                       |  |   |                                    |
| <b>ADDRESS</b><br>023872  |   |                                       |  |   |                                    |
| <b>TITLE</b><br>String lamps device   |   |                                       |  |   |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>484   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                       | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16.Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                    |